

MIED ProSe 1 (Rev 5/16) Complaint for a Civil Case

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF MICHIGAN

Lucas Benjamin-Bir Molter

*(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

v.

State of Michigan

Wayne County Michigan Probate Court

Trinity Health St Mary Mercy

ATF

*(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

Case No.

*(to be filled in by the Clerk's Office)*

Jury Trial:  Yes  No  
*(check one)*

Case: 4:25-cv-11812  
Assigned To : Behm, F. Kay  
Referral Judge: Stafford, Elizabeth A.  
Assign. Date : 6/16/2025  
Description: CMP MOLTER v  
MICHIGAN, STATE OF ET AL (JP)

**Complaint for a Civil Case**

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Lucas Benjamin-Bir Molter
Street Address	1482 Junction St
City and County	Plymouth Wayne
State and Zip Code	MI 48170
Telephone Number	734 929 8470
E-mail Address	lmolter9@gmail.com

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

## Defendant No. 1

Name	State of Michigan
Job or Title (if known)	Attorney General
Street Address	PO BOX 30212
City and County	Lansing Ingham
State and Zip Code	MI 48909
Telephone Number	
E-mail Address (if known)	

## Defendant No. 2

Name	Wayne County Michigan Probate Court
Job or Title (if known)	
Street Address	1305 Coleman A Young, 2 Woodward Ave
City and County	Detroit Wayne
State and Zip Code	MI 48226
Telephone Number	3132245706
E-mail Address (if known)	

## Defendant No. 3

Name	<u>Trinity Health - St Mary Mercy</u>
Job or Title (if known)	<u></u>
Street Address	<u>36475 5 Mile Rd</u>
City and County	<u>Livonia Wayne</u>
State and Zip Code	<u>MI</u>
Telephone Number	<u></u>
E-mail Address (if known)	<u></u>

## Defendant No. 4

Name	<u>ATF</u>
Job or Title (if known)	<u></u>
Street Address	<u></u>
City and County	<u></u>
State and Zip Code	<u></u>
Telephone Number	<u></u>
E-mail Address (if known)	<u></u>

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (*check all that apply*)

Federal question

Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

28:1331b, 28:1331cv, 28:1331dp, 28:1331fa, 28:1331mm, 28:1331sh, 28:1367  
42:10801,

Olmstead v. L. C., 527 U.S. 581 (1999)

**B. If the Basis for Jurisdiction Is Diversity of Citizenship**

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) \_\_\_\_\_,  
is a citizen of the State of (name) \_\_\_\_\_.

b. If the plaintiff is a corporation

The plaintiff, (name) \_\_\_\_\_,  
is incorporated under the laws of the State of (name)  
\_\_\_\_\_, and has its principal place of business in the  
State of (name) \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page  
providing the same information for each additional plaintiff.)*

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) \_\_\_\_\_, is a citizen of the  
State of (name) \_\_\_\_\_. Or is a citizen of (foreign  
nation) \_\_\_\_\_.

b. If the defendant is a corporation

The defendant, (name) \_\_\_\_\_, is incorporated  
under the laws of the State of (name) \_\_\_\_\_, and  
has its principal place of business in the State of (name)  
\_\_\_\_\_. Or is incorporated under the laws of  
(foreign nation) \_\_\_\_\_, and has its principal place  
of business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional  
page providing the same information for each additional defendant.)*

**3. The Amount in Controversy**

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (*explain*):

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

04/11/2022 at about 1pm I was held against my will in a hospital after being held longer than the legally allowed times(olmstead). I was not counseled of the law and given a pre-trial consultation in confidence with attorneys (due process/fair trial). I was not allowed to appear in the initial court appointment, and my intent to terminate mental health treatment was declined (olmstead v. LC 28:1331vc ). I was held thinking I would receive help with my leg pain but was not treated for the leg pain and still have stainless steel wire in my leg causing pain and still requiring surgery (04/18/2022). (olmstead 28:1331vc ) This has lead to several issues with the HHS, which I have reported. (28:1331b ). I was held April 11, 2022 and abused physically and sexually by a 'head of security' who was a 'dog trainer' and another that was a 'former police officer'. I was played sexual abusive audio under heavy sedation and tied to the table with feces and urine all over me after being assaulted (28:1331sh ) He aggressively blocked the entrance to the ER, directed me to the wrong area of the building under duress so that he could retaliate against me for having a service dog, which the hospital did not accommodate. 28:1331fa . They claimed SI/HI but never contacted my family during my stay, and I did not receive leg surgery at the facility that I had the procedure done, with the trauma surgeon on call. I was held with a false diagnosis without exam, evaluation, or records (28:1331mm). Never met with an attorney to tell my side of the story and the med records and the court cert don't make sense (28:1367 31:3729 42:1985 42:6961 42:12132 )

(continued below)

**IV. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages. Restoration of Firearm Rights, and Police Database status void.

Remove and Void Probate court records.

Monetary damages for seized property at the maximum amount to be evaluated by counsel appointed to me for indigence so that I can re organized my house with a professional organizer, again.

Pay OMB Time fees and 250/hr labor for each document filed with each federal and state agency, in addition to counsel review of those filed.

Provide apology, legal fees, medical expenses, supplementary expenses and damages to be evaluated by counsel when appointed.

Provide re determination of ALL adverse decisions, or pay equivalent costs with interest associated with expenses, care, processing and meals.

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

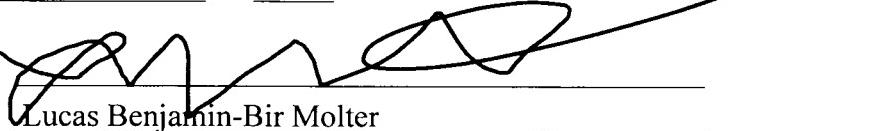
**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: June 16 , 2025 .

Signature of Plaintiff

Printed Name of Plaintiff



Lucas Benjamin-Bir Molter

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**Additional Information:**

05/30/2025 The ATF did not process or serve properly the warrant and used excess force and cooercion to enter and search my home including unauthorized items like documents, and electronic devices and other areas that were not likely to have what they wanted. (28:1331ef , 28:1331dp , FRCP Rule 12, b4 and b5 ). I was separated from my service dog painfully, and put in cuffs that were too tight and they only loosened them after calling for EMS (28:1331ef). 42:10801 My home was ran through by about 20 people that dumped out and mixed belongings, even peeling drywall patches off of the wall, and again, I am not a criminal, there was no reason for force, and they never sent an email or verified communication to know it was a legitimate need. The state has warned and I have heard, several scammers on the phone pretending to be federal agents. I think that was used to stalk, and create a false need for excessive force without dilligence, or specificity. (28:1331cv )

28:1367

## CIVIL COVER SHEET

County in which action arose: Wayne

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

**I. (a) PLAINTIFFS**

Lucas Molter  
1482 Junction St  
Plymouth, MI 48170

**(b) County of Residence of First Listed Plaintiff**  
*(EXCEPT IN U.S. PLAINTIFF CASES)*

**(c) Attorneys (Firm Name, Address, and Telephone Number)**

**DEFENDANTS**

State of Michigan (DHHS) et al

County of Residence of First Listed Defendant

*(IN U.S. PLAINTIFF CASES ONLY)*NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF  
THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

**II. BASIS OF JURISDICTION** (Place an "X" in One Box Only)

- |  |  |
|--|--|
| <input type="checkbox"/> 1 U.S. Government Plaintiff | <input checked="" type="checkbox"/> 3 Federal Question<br><i>(U.S. Government Not a Party)</i> |
| <input type="checkbox"/> 2 U.S. Government Defendant | <input type="checkbox"/> 4 Diversity<br><i>(Indicate Citizenship of Parties in Item III)</i>   |

**III. CITIZENSHIP OF PRINCIPAL PARTIES** (Place an "X" in One Box for Plaintiff and One Box for Defendant)

	PTF	DEF	PTF	DEF
Citizen of This State	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4 <input checked="" type="checkbox"/> 4
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5 <input checked="" type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6 <input checked="" type="checkbox"/> 6

**IV. NATURE OF SUIT** (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance	<b>PERSONAL INJURY</b>	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 375 False Claims Act
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 690 Other	<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))
<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 365 Personal Injury - Product Liability	<b>PROPERTY RIGHTS</b>	<input type="checkbox"/> 400 State Reapportionment
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability	<input type="checkbox"/> 820 Copyrights	<input type="checkbox"/> 410 Antitrust
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 330 Federal Employers' Liability	<input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	<input type="checkbox"/> 830 Patent	<input type="checkbox"/> 430 Banks and Banking
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 340 Marine	<input type="checkbox"/> 370 Other Fraud	<input type="checkbox"/> 835 Patent - Abbreviated New Drug Application	<input type="checkbox"/> 450 Commerce
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)	<input type="checkbox"/> 345 Marine Product Liability	<input type="checkbox"/> 371 Truth in Lending	<input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 460 Deportation
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 350 Motor Vehicle	<input type="checkbox"/> 380 Other Personal Property Damage	<b>SOCIAL SECURITY</b>	<input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations
<input type="checkbox"/> 160 Stockholders' Suits	<input type="checkbox"/> 355 Motor Vehicle Product Liability	<input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 861 HIA (1395ff)	<input type="checkbox"/> 480 Consumer Credit
<input type="checkbox"/> 190 Other Contract	<input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 710 Fair Labor Standards Act	<input type="checkbox"/> 862 Black Lung (923)	<input type="checkbox"/> 485 Telephone Consumer Protection Act
<input type="checkbox"/> 195 Contract Product Liability	<input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 720 Labor/Management Relations	<input type="checkbox"/> 863 DIWC/DIWW (405(g))	<input type="checkbox"/> 490 Cable/Sat TV
<input type="checkbox"/> 196 Franchise		<input type="checkbox"/> 740 Railway Labor Act	<input type="checkbox"/> 864 SSID Title XVI	<input type="checkbox"/> 850 Securities/Commodities/ Exchange
		<input type="checkbox"/> 751 Family and Medical Leave Act	<input type="checkbox"/> 865 RSI (405(g))	<input type="checkbox"/> 890 Other Statutory Actions
		<input type="checkbox"/> 790 Other Labor Litigation		<input type="checkbox"/> 891 Agricultural Acts
		<input type="checkbox"/> 791 Employee Retirement Income Security Act		<input type="checkbox"/> 893 Environmental Matters
		<b>IMMIGRATION</b>		<input type="checkbox"/> 895 Freedom of Information Act
		<input type="checkbox"/> 462 Naturalization Application		<input type="checkbox"/> 896 Arbitration
		<input type="checkbox"/> 465 Other Immigration Actions		<input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision
				<input type="checkbox"/> 950 Constitutionality of State Statutes

**V. ORIGIN** (Place an "X" in One Box Only)

- |   |   |  |   |  |  |   |
|---|---|--|---|--|--|---|
| <input checked="" type="checkbox"/> 1 Original Proceeding | <input type="checkbox"/> 2 Removed from State Court | <input type="checkbox"/> 3 Remanded from Appellate Court | <input type="checkbox"/> 4 Reinstated or Reopened | <input type="checkbox"/> 5 Transferred from Another District (specify) | <input type="checkbox"/> 6 Multidistrict Litigation - Transfer | <input type="checkbox"/> 8 Multidistrict Litigation - Direct File |
|---|---|--|---|--|--|---|

Cite the U.S. Civil Statute under which you are filing (*Do not cite jurisdictional statutes unless diversity*):  
28:1331b, 28:1331cv, 28:1331dp, 28:1331fa, 28:1331mm, 28:1331sh, 28:1367 42:10801,Brief description of cause:  
Civil Rights**VI. CAUSE OF ACTION**CHECK IF THIS IS A CLASS ACTION  
UNDER RULE 23, F.R.Cv.P.**DEMAND \$**CHECK YES only if demanded in complaint:  
**JURY DEMAND:**  Yes  No

(See instructions):

JUDGE Goldsmith

DOCKET NUMBER 25-MC-50590

DATE SIGNATURE OF ATTORNEY OF RECORD  
June 16, 2025**FOR OFFICE USE ONLY**

RECEIPT # AMOUNT APPLYING IFF JUDGE MAG. JUDGE

PURSUANT TO LOCAL RULE 83.11

1. Is this a case that has been previously dismissed?

- Yes  
 No

If yes, give the following information:

Court: \_\_\_\_\_

Case No.: \_\_\_\_\_

Judge: \_\_\_\_\_

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)

- Yes  
 No

If yes, give the following information:

Court: Michigan Department of Civil Rights

Case No.: 625596

Judge: \_\_\_\_\_

Notes :

\_\_\_\_\_